

Iowa Department of Human Services
ADMINISTRATIVE ORDER FOR RESCHEDULED GENETIC TESTING FOR
☐ ALLEGED FATHER
☐ MOTHER
☐ CHILD(REN)
COVER LETTER

Date: _____

To: ☐ _____

Case Number: _____

Court Order #: _____

County: _____

Alleged Father: _____

Mother: _____

Caretaker: _____

The attached order is to tell you about the rescheduled genetic testing that you are required to do.

If you have any questions about this letter or the enclosed order, please contact the Child Support Recovery Unit listed below.

Child Support Recovery Unit

Telephone: _____

Administrative Order for Rescheduled Genetic Testing for☐ **Alleged Father**☐ **Mother**☐ **Child(ren)**

**Child Support Recovery Unit
Iowa Department of Human Services**

Alleged Father: _____

Mother: _____

Caretaker: _____

Dependents: _____

Date Prepared: _____

Docket No. _____

CSC No. _____

The genetic testing previously ordered for _____ has been rescheduled.

IT IS THEREFORE ORDERED THAT:

1. Genetic testing to determine the paternity of the following child(ren) be conducted:

Child's Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

☐ The mother, _____, shall appear at _____, on the _____ day of _____, _____ at _____. The mother, _____, shall appear with her driver's license or other identification that has a photograph of her. She shall comply with the laboratory's standard procedure for identification including, but not limited to, fingerprinting and photographs.

☐ The alleged father, _____, shall appear at _____, on the _____ day of _____, _____ at _____. The alleged father, _____, shall appear with his driver's license or other identification that has a photograph of him. He shall comply with the laboratory's standard procedure for identification including, but not limited to, fingerprinting and photographs.

☐ The child(ren)'s custodian, _____, shall present the child(ren) named above at _____, on the _____ day of _____, _____ at _____. ☐ The custodian, _____, shall appear with the child(ren)'s _____ to serve as identification for the child(ren).

2. The blood or tissue samples shall be analyzed by _____ under the supervision of _____, for comprehensive genetic testing of inherited characteristics, and for proper analysis and interpretation of the results of the tests.

3. The expert named above is directed to prepare a verified report of the analysis and interpretation of the genetic test results, mail copies of the report to the Unit, and forward the original copy of the test report to the Clerk of Court of _____ County.

4. If the verified expert's report concludes that the test results show that _____ is not excluded and that the probability of his paternity is 95 % or higher, there is a rebuttable presumption that he is the biological father, and the evidence is sufficient as a basis for administrative establishment of paternity.

To challenge the presumption of paternity, a party must file a written notice of the challenge with the district court within 20 days from the date the genetic test results are issued or mailed to all parties. If a court hearing is scheduled to resolve the issue of paternity, a party must file a written notice no later than 30 days before the scheduled date of the court hearing, whichever is later. Any subsequent rescheduling or continuances of the originally scheduled hearing shall not extend the initial time frame. Any challenge to a presumption of paternity resulting from genetic tests, or to the genetic test results, filed after the initial time frame shall not be accepted or admissible by the Unit or the court.

5. The verified expert's report shall be admitted as evidence to establish administrative paternity. If a court hearing is scheduled to resolve the issue of paternity, the verified expert's report shall be admitted as evidence and is admissible at trial.

6. The costs of the genetic tests shall be paid by _____.

7. If genetic testing excludes _____ as the biological father of the above child(ren), and no challenge to the genetic tests is received, the Unit will enter an order dismissing the action against _____ and the costs of the genetic tests shall be assessed against the Unit.

Delivery of Order

Delivery of this order was made on the _____ day of _____, _____, ☐ by hand ☐ by regular mail to the last known address of the necessary party or the last known address of his/her attorney.

Designee of the Administrator

Date

Child Support Recovery Unit

Telephone: _____

Original Filed.

Copy to:

☐ IMPORTANT NOTICE TO THE ALLEGED FATHER

**EVEN IF YOU HAVE ALREADY REQUESTED A COURT HEARING – IF YOU FAIL TO APPEAR FOR THE
GENETIC TEST, THE UNIT WILL ENTER A DEFAULT ADMINISTRATIVE ORDER FINDING YOU TO BE THE
FATHER OF
THE CHILD(REN) NAMED ABOVE, AND ORDERING YOU TO PAY SUPPORT, IF APPROPRIATE**